

STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

11 MAR 22 A 9:52

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water) Explain: Changes needed to make water right consists determined future development plan.		CHANGE No REC CHECK No ECY Coding: 001-002-WR SEPA: Exempt	DD BY SC BY SC
1. Applicant Information:			
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Port of Vancouver USA		(360) 992-1103	(360) 735-1565
ADDRESS		2402 NIM I D'	- Dood
c/o Patty Boyden, Director of Environmental Se	ervices,	STATE	ZIP CODE
2 33		WA	98660
Vancouver			90000
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Martha O. Pagel		(503) 540-4260	(503) 796-2900
ADDRESS		(303) 340-4200	(303) 130-2300
530 Center Street NE, Suite 400			
CITY		STATE	ZIP CODE
Salem		OR	97301
2. Water Right Information: WATER RIGHT OR CLAIM NUMBER	RECORD	ED NAME(S)	
Claim 151264			
DO YOU OWN THE RIGHT TO BE CHANGED? YES NO			
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: N/A			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FI	VE (5) YEA	ARS? XES NO	
Please attach copies of any documentation that dem was established. Also, if you have a water system plapplication.			
APP. NO PERMIT NO CER	1	ONLY CGQ- CERT. OF CHAN	

3. Poi	int(s) of	f Divers	sion/W	/ithdra	awa	1:						
A. Exi	. ,											
A. LXI	SOURCE	-	NO.	1/4	1/4	SE	EC.	TWP.	RGE.	PARCEL #		WELL TAG #
Wells 1	, 2 and 3			SW	NE		8	2N	1E			AFP 648, 649, 650
See Att	tachment	1										
B. Proj	posed											
	SOURCE		NO.	1/4	1/4	SE	EC.	TWP.	RGE.	PARCEL #	!	WELL TAG #
addition	tachment nal propo see also i ks)	sed										
						1						
EXISTING Please i	nclude co	NO	PROPOSI	ell repo	rts in	NO	ed wi	O, PRO	VIDE OW	NER(S) NAME: sal. Also, if you I, please include		
	emarks) or											
	rpose o	t Use:	No chai	nge								
A. Exi												
Port Inc	dustrial A	rea and		al			gpm	ACF	RE-FT/YR	Year-round	RIOD OF	USE
Facilitie	es (see C	laim 151	264)									
B. Pro	-	POSE OF U	ee		G	PM or	CES	ACE	DE ET/VD	DEL	PIOD OF	IISE
No change						r IVI OI	Cro	CFS ACRE-FT/YR PERIOD OF L		USE		
							-					
5. Pla	ice of U											
Claim o	lescribes									sently used: aim, Sec. 28, T	wn 2	N R 1 F
W.M."		٥١ د د د د د					0.100	. se i i han'		, 000, 20, 1		
1/4	1/4	SEC.	TWP.	RGE		21		UNTY		PARCEL #		# OF ACRES
-	-	28	2 N.	1 E.		Clar	K			multiple parce	els	N/A
DO YOU C	WN ALL THE	E LANDS IN	THE EXIST	ING PLAC	E OF	USE?		YES	□ NO -	IF NO, PROVIDE OW	NER(S)	NAME:
B. Pro	posed											
In addit	ion to and									PROPOSED:	oo in	aroos
	The second secon									pposes water u er section in Att		
debicte	u III Allal	MINIONE I	(map)	and de	SUIIL	Jeu	by qu	arter	quarte	a section in Att	aum	GIR Z.
1/4	1/4	SEC.	TWP.	RGE			col	JNTY		PARCEL#		# OF ACRES

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME:

VI.	here any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE	
A)	YES NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Claim 15	1264; and Certificates 3647-
AB,	, G2-29930, 4796, 134, 1363, 1042, 5996, 5952 and 136	
		·
6. 1	Remarks and Other Relevant Information:	
-	e proposed changes would add two wells as points of appropria	tion and expand
	authorized place of use to make the water right consistent with	
	ermined future development plan for future industrial water uses	
	opy of its Determined Future Development Plan for Claim 15120	
	s adopted by the Port of Vancouver's Board of Commissioners	
	pies of plan exhibits are available upon request. Attachment 4 i	
	nual water use from 1999 (five years prior to adoption of the plan	
41111	idal rides des nom 1000 (into yours phot to despitor of the plan	, through 2000.
E E0	OR SEASONAL OR TEMPORARY, START DATE/ END DATE/	\
FFO	OR SEASONAL OR TEMPORARY, START DATE END DATE	- \
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	tain applications may incur a Real Estate Excise Tax liability for the sell	
	Revenue has requested notification of potential taxable water right related	d actions and therefore may be provi
vith	h a copy of this request.	
11	The state of the s	
	ase contact the State Department of Revenue for further information. The	
ne	e address is: Department of Revenue, Real Estate Excise Tax, PO Box 4	7477, Olympia, WA 98304-7477.
. :	Signatures:	
	I certify that the information above is true and accurate to the best of	my knowledge I understand that i
	order to process my application, I am hereby granting staff from the I	
	Conservancy Board access to the above site(s) for inspection and more	
	preparation of the above application, I understand that all responsibility	
	rests with me.	, ,
	to to I Bloke for POV	314111
	Fatricia L. Boyden for POV	3 1 16 1 (1
	tatricia L. Boyden for POV	3 1 161 (1 (Date)
	Fatricia L. Boyden for POV	
	tatricia L. Boyden for POV (Applicant)	The state of the s
	Same as applicant	(Date)
	Same as applicant (Water Right Holder)	The state of the s
		(Date)
		(Date)
		(Date)
	(Water Right Holder)	(Date)
	(Water Right Holder) Same as applicant	(Date) / / (Date)
	(Water Right Holder) Same as applicant (Land Owner(s) of Existing Place of Use)	(Date) / / (Date) / / (Date)
	(Water Right Holder) Same as applicant	(Date) / / (Date) / / (Date)
	(Water Right Holder) Same as applicant (Land Owner(s) of Existing Place of Use)	(Date) / / (Date) / / (Date)
	(Water Right Holder) Same as applicant (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PRO	(Date) / / (Date) / / (Date)
	(Water Right Holder) Same as applicant (Land Owner(s) of Existing Place of Use)	(Date) / / (Date) / / (Date)
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	Same as applicant (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PRODUCE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING RE APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED 0	(Date) / / (Date) VIDED ON THE NEXT PAGE. EASON(S): INCOMPLETE
	(Water Right Holder) Same as applicant (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PRO-	(Date) / / (Date) VIDED ON THE NEXT PAGE. EASON(S): INCOMPLETE
	Same as applicant (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PRODUCE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING RE APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED 0	(Date) / / (Date) VIDED ON THE NEXT PAGE. EASON(S): INCOMPLETE
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	Same as applicant (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PROT WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING RE APPLICATION FEE NOT ENCLOSED ADDITIONAL SIGNATURES REQUIRED SECTION	(Date) / / (Date) VIDED ON THE NEXT PAGE. EASON(S): r INCOMPLETE _ IS INCOMPLETE

	LATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
	нт/сLAIM NUMBER(s): <u>Claim 151264; and Certificates 3647-</u>
AB, 02-29930, 4790, 134, 1303, 1042, 3	5990, 5952 and 130
6. Remarks and Other Relevant Inform	mation:
	vells as points of appropriation and expand
	water right consistent with the applicant's
	future industrial water uses. The Port is submitting
	oment Plan for Claim 151264 as Attachment 3. The plan
	Board of Commissioners on September 14, 2004. on request. Attachment 4 includes information regarding
	prior to adoption of the plan) through 2009.
()	the state of the profit of the
IF FOR SEASONAL OR TEMPORARY, START DATE	END DATE /
	Excise Tax liability for the seller of the water rights. The Department
with a copy of this request.	ntial taxable water right related actions and therefore may be provided
with a copy of this request.	
_	ue for further information. The phone number is (360) 570-3265.
The address is: Department of Revenue, Real	Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.
7. Signatures:	
	ue and accurate to the best of my knowledge. I understand that in
	reby granting staff from the Department of Ecology or the County
· · · · · · · · · · · · · · · · · · ·	site(s) for inspection and monitoring purposes. If assisted in the
rests with me.	inderstand that all responsibility for the accuracy of the information
(Applicat	nt) (Date)
Same as applicant (Water Right Ho	older) (Date)
(Water right ric	(Date)
Same as applicant	
(Land Owner(s) of Existing	
IMPORTANT! APPLICATION F	ILING INFORMATION IS PROVIDED ON THE NEXT PAGE.
WE ARE RETURNING YOUR APPLICATION	ON FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
ADDITIONAL SIGNATURES REQUIRED	☐ SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE:/